

<b>STATE OF MICHIGAN</b> <b>DEPARTMENT OF LABOR &amp; ECONOMIC GROWTH</b> <b>MICHIGAN TAX TRIBUNAL</b> <b>SMALL CLAIMS DIVISION</b>	<b>SPECIAL ASSESSMENT APPEAL</b> <b>PETITION FORM</b>	<b>DOCKET NUMBER</b>
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Failure to complete this form, including signature, and return it by filing deadline will result in **dismissal**.  
*If additional space is needed to provide the information requested, please use a separate sheet.*

1. Petitioner(s) Name and Address _____ _____ _____ Petitioner's Daytime Phone No. _____	2. Agent or Attorney (if any) Name and Address _____ _____ _____ Agent/Attorney Phone No. _____
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3. Location of Property:	City	OR	Township
County _____	_____		_____

4. If Special Assessment is being levied by an entity other than the Township or City, specify the name of the assessing entity.
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5. Specify the date of the hearing held to confirm the special assessment roll: _____
Did Petitioner protest the special assessment at that hearing? <input type="checkbox"/> Yes. <input type="checkbox"/> No If no, please explain in the space provided why Petitioner believes the Tribunal has jurisdiction over this appeal.

6. Check the reason for appeal and explain in the space provided:
<input type="checkbox"/> The special assessment district was not properly formed.
<input type="checkbox"/> The benefit of the special assessment improvements to the property is not proportional to the cost of the improvements.

7. Provide the amount of special assessment levied and Petitioner's contention of the amount of the special assessment that should be levied for <i>each</i> parcel being appealed:			
Parcel Number	Tax Year	Amount of Special Assessment Levied	Petitioner's Contention of the Special Assessment

8. Explain the basis of your appeal

9. Petitioner <b>is required</b> to pay a fee for the filing of the appeal. (See Filing Fee Schedule.) <b>Failure to remit a required fee</b> with this Form may result in <b>dismissal</b> . Amount Paid: _____
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10.
If <b>not</b> using an agent or attorney, Petitioner is required to sign: _____
If using an agent or attorney, only agent or attorney is required to sign: _____

PLEASE RETURN THE ORIGINAL AND ONE COPY OF THIS COMPLETED FORM WITH TWO COPIES OF ANY ATTACHMENTS to: Michigan Tax Tribunal, PO Box 30232, Lansing, MI 48909.  
**Keep a copy of the Form and any original attachments for your records.**  
**The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.**